

SEND COMPLETED FORM TO: The appropriate EPA Regional or State Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		
1. Reason for Submittal (See instructions on page 14) MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input checked="" type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #:) <input type="checkbox"/> As a component of the Hazardous Waste Report		
2. Site EPA ID Number (page 15)	EPA ID Number: ID4890008952		
3. Site Name (page 15)	Name: IDAHO NATIONAL LABORATORY		
4. Site Location Information (page 15)	Street Address:		
	City, Town, or Village: SCOVILLE	State: ID	
	County Name: BUTTE, CLARK, JEFFERSON, BONNEVILLE, BINGHAM	Zip Code: 83415	
5. Site Land Type (page 15)	Site Land Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. North American Industry Classification System (NAICS) Code(s) for the Site (page 15)	A. 92411	B. 54171	
	C. 336992	D. Not Applicable	
7. Site Mailing Address (page 16)	Street or P. O. Box: 1955 FREMONT AVENUE, IDAHO FALLS		
	City, Town, or Village: IDAHO FALLS		
	State: ID		
	Country: USA	Zip Code: 83415	
8. Site Contact Person (page 16)	First Name: DONALD	MI: N	Last Name: RASCH
	Phone Number: (208) 526-1511 Extension: Not Applicable		Email address:
9. Operator and Legal Owner of the Site (pages 16 and 17)	A. Name of Site's Operator: BECHTEL BWXT IDAHO, LLC.		Date Became Operator (mm/dd/yyyy): 05/01/2005 (WMF-629 through WMF-635 and WMF-676) and 10/01/1999 (WMF-610 and WMF-628)
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	B. Name of Site's Legal Owner: US DEPARTMENT OF ENERGY IDAHO OPERATIONS OFFICE		Date Became Owner (mm/dd/yyyy): 01/01/1952
	Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

9. Legal Owner (Continued) Address	Street or P. O. Box: 1955 FREMONT AVENUE, IDAHO FALLS
	City, Town, or Village: IDAHO FALLS
	State: ID
	Country: USA Zip Code: 83415

10. Type of Regulated Waste Activity
 Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 18 to 21.)

A. Hazardous Waste Activities
 Complete all parts for 1 through 6.

Y ☒ N ☐ 1. Generator of Hazardous Waste
 If "Yes", choose only one of the following - a, b, or c.

☒ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or

☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or

☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

In addition, indicate other generator activities.

☐ N ☒ d. United States Importer of Hazardous Waste

☐ N ☒ e. Mixed Waste (hazardous and radioactive) Generator

Y ☒ N ☐ 2. Transporter of Hazardous Waste

Y ☒ N ☐ 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.

Y ☐ N ☒ 4. Recycler of Hazardous Waste (at your site)

Y ☐ N ☒ 5. Exempt Boiler and/or Industrial Furnace
 If "Yes", mark each that applies.

☐ a. Small Quantity On-site Burner Exemption

☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒ 6. Underground Injection Control

B. Universal Waste Activities

Y ☒ N ☐ 1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. If "Yes", mark all boxes that apply:

	Generated	Accumulated
a. Batteries	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

Y ☐ N ☒ 2. Destination Facility for Universal Waste
 Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities
 Mark all boxes that apply.

Y ☐ N ☒ 1. Used Oil Transporter
 If "Yes", mark each that applies.

☐ a. Transporter

☐ b. Transfer Facility

Y ☐ N ☒ 2. Used Oil Processor and/or Re-refiner
 If "Yes", mark each that applies.

☐ a. Processor

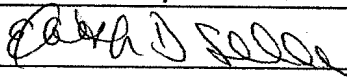
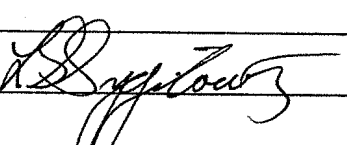
☐ b. Re-refiner

Y ☐ N ☒ 3. Off-Specification Used Oil Burner

Y ☐ N ☒ 4. Used Oil Fuel Marketer
 If "Yes", mark each that applies.

☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner

☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

11. Description of Hazardous Wastes (See instructions on page 33)						
A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.						
See Item 10 on the Hazardous Waste Permit Information Form OMB #2050-0034						
B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.						
The AMWTP may receive manifested state hazardous waste from states other than Idaho. All such waste will be managed in HWMA/RCRA Permitted waste management units at the AMWTP.						
12. Comments (See instructions on page 22)						
13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all operator(s) and owner(s) must sign (see 40 CFR 270.10 (b) and 270.11). (See instructions on page 22)						
Signature of operator, owner, or an authorized representative		Name and Official Title (type or print)			Date Signed (mm/dd/yyyy)	
		Elizabeth D. Sellers, Manager, Department of Energy Idaho Operations Office			12/17/07	
		Jeffery D. Mousseau, AMWTP President and General Manager, Bechtel BWXT Idaho, LLC.			12/03/07	